

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%; border: none;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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92823

November-09-12 1:37:11 PM

N900040100

Setup Start *NS1*

Stop *NS2*

8

8

Reference:

Run Start *NR1*

Stop *NR2*

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

130

0.00

130

0.00

HandFXtube

Hand Finishing Crosstubes

Memo

Per note 8 on page 1 of dwg D2893, Prep inner concave surface of support and apply 3M Scotch-Weld as per dwg.
24h of cure time.

140

QC3- Inspect Part Finish

0.00

140

0.00

QC

Memo

Quality Control

170

Identify as per dwg & Stock Location: X-Tube

0.00

170

0.00

Packaging

Memo

Packaging

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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
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Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 92823

92823

Page 3

November-09-12 1:37:11 PM

Item ID: D2893-1 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: 2.75 Support
Start Date: 11/09/12 Start Qty: 8.00 *8* Cust Item ID:
Required Date: 11/28/12 Req'd Qty: 8.00 *8* Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180	QC21- Final Inspection - Work Order Release	0.00							
180									
QC	Memo	0.00							
Quality Control									

12/12/18
W121218

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
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Equip/Tooling <input type="checkbox"/>											
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Material <input type="checkbox"/>											
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Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

Picklist Print

November-09-12 1:37:11 PM

Page 1

Work Order ID: 92823

Parent Item: D2893-1

Parent Item Name: 2.75 Support

Start Date: 11/09/12

Required Date: 11/28/12

Start Qty: 8.00

Required Qty: 8.00

Comments:

IPP: C02.11.26Reformat; Added P/OKJ

IPP D 06.04.19 removed alodine EC

IPP Rev:E Added priming as per Rev B 07-04-30 JLM

IPP F 08.03.19 Re-format EC verified by: DD

IPP Rev:G 08-05-15 add QC14 DD verified by:EC

rev.C DD verf:EC

IPP Rev:H 11.08.04 as per dwg

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
DSK078 D2893-1 TURNING DETAIL		Manufactured	No			100	Each	10.0000	0.5	4.2105264		PO 12/12/07	

Location

Loc Qty

Loc Code

MAT060

10

89899

10

→ 93804

4

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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QA Closed: _____ Date: _____

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Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

DART AEROSPACE LTD		Work Order:	92823
Description: Ø2.750 Support		Part Number:	D2893-1
Inspection Dwg: D2893		Rev: C	Page 1 of 1

FIRST ARTICLE INSPECTION DIMENSION SHEET

				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	1	2	3	4	5
HAAS Section								
AA	2.985	3.005		2.997	2.997	2.997	2.997	2.997
AB	0.440	0.460		.450	.450	.450	.450	.450
AC	0.125	0.160		.130	.130	.132	.132	.132
AD	0.040	0.060		.050	.050	.050	.050	.050
AE	0.188	0.193		.189	.189	.189	.189	.189
AF	0.125	0.160		.140	.140	.140	.140	.140
AG	0.140	0.160		.152	.152	.153	.153	.153
AH	1.360	1.400		1.372	1.374	1.372	1.373	1.372
AI	0.040	0.060		.050	.048	.048	.047	.048
AJ	1.190	1.230		1.212	1.215	1.212	1.214	1.212
AK	0.010	0.020		.010	.010	.010	.010	.010
AL	0.053	0.073		.063	.063	.063	.063	.063
AM	0.240	0.260		.250	.250	.250	.250	.250
AN	2.518	2.538		2.532	2.532	2.530	2.530	2.532
AO	84.39	90.39		87.39	87.39	87.39	87.39	87.39
AP	0.261	0.266		.261	.261	.261	.261	.261
AQ	0.053	0.073		.063	.063	.063	.063	.063
AR								
AS								
AT								
Accept/Reject								

Measured by:	SK	Date:	12-12-10
Audited by:	B.A. ^{DAS} 08 2-89	Date:	12/12/15
Preliminary Approval:		Date:	

Rev	Date	Change	Revised by	Approved
A	02.12.13	New Issue	KJ/RF	
B	07.05.08	Dimension AP revised	KJ/JLM	
C	08.04.21	Reformat	KJ/JLM	
D	12.07.31	Dwg Rev updated	KJ	

DART AEROSPACE LTD		Work Order:	92823
Description: Ø2.750 Support		Part Number:	D2893-1
Inspection Dwg: D2893		Rev: C	Page 1 of 1

FIRST ARTICLE INSPECTION DIMENSION SHEET

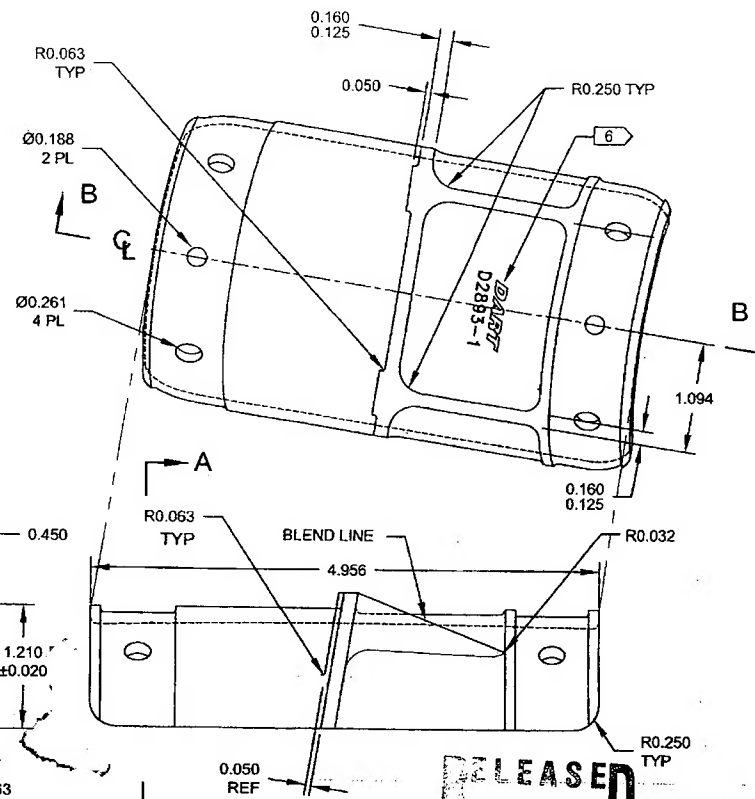
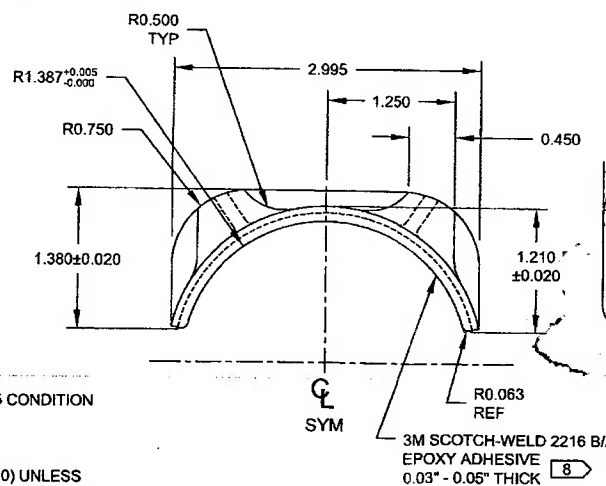
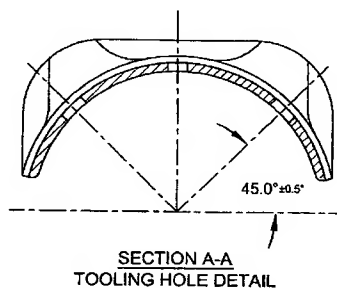
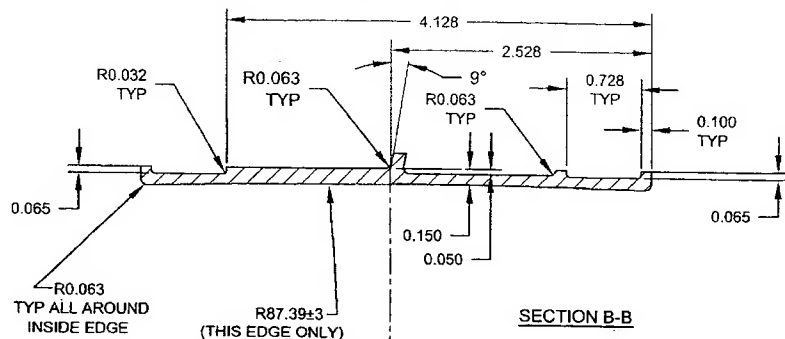
				Record Actual Dimensions				
Dim	Min	Max	Go/No Go Gauge	<i>16</i>	<i>17</i>	<i>18</i>	4	5
HAAS Section								
AA	2.985	3.005		<i>2.997</i>	<i>2.996</i>	<i>2.997</i>		
AB	0.440	0.460		<i>.450</i>	<i>.450</i>	<i>.450</i>		
AC	0.125	0.160		<i>.132</i>	<i>.131</i>	<i>.132</i>		
AD	0.040	0.060		<i>.050</i>	<i>.050</i>	<i>.050</i>		
AE	0.188	0.193		<i>.189</i>	<i>.189</i>	<i>.189</i>		
AF	0.125	0.160		<i>.140</i>	<i>.140</i>	<i>.140</i>		
AG	0.140	0.160		<i>.153</i>	<i>.143</i>	<i>.140</i>		
AH	1.360	1.400		<i>1.372</i>	<i>1.374</i>	<i>1.372</i>		
AI	0.040	0.060		<i>.049</i>	<i>.042</i>	<i>.045</i>		
AJ	1.190	1.230		<i>1.212</i>	<i>1.210</i>	<i>1.212</i>		
AK	0.010	0.020		<i>.010</i>	<i>.010</i>	<i>.010</i>		
AL	0.053	0.073		<i>.063</i>	<i>.063</i>	<i>.063</i>		
AM	0.240	0.260		<i>.250</i>	<i>.250</i>	<i>.250</i>		
AN	2.518	2.538		<i>2.532</i>	<i>2.531</i>	<i>2.527</i>		
AO	84.39	90.39		<i>87.39</i>	<i>87.39</i>	<i>87.39</i>		
AP	0.261	0.266		<i>.261</i>	<i>.261</i>	<i>.261</i>		
AQ	0.053	0.073		<i>.063</i>	<i>.063</i>	<i>.063</i>		
AR								
AS								
AT								
Accept/Reject								

Measured by: *SL / PD* Date: *12-12-10*

Audited by: *DA* Date: *12/12/15*

Preliminary Approval: *08* Date:

Rev	Date	Change	Revised by	Approved
A	02.12.13	New Issue	KJ/RF	
B	07.05.08	Dimension AP revised	KJ/JLM	
C	08.04.21	Reformat	KJ/JLM	
D	12.07.31	Dwg Rev updated	KJ	<i>[Signature]</i>



NOTES:

- 1) MATERIAL: 17-4 PH STAINLESS STEEL, H900 OR H925 CONDITION
MIN UTS = 170 KSI (38 HRc)
(REF DART SPEC. D6104)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 (REF X.XXX = ±0.010) UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: DART LOGO (PER DART SUPPLIED GRAPHIC) AND PART NUMBER IN THIS AREA WITH 0.125 HIGH LETTERING
0.010-0.020 DEEP, PER DART QSI 044 6.3.
- 7) WEIGHT: 0.78 lb
- 8) FOR THE ENTIRE INNER CONCAVE SURFACE:
ABRADE SURFACE WITH 400-GRIT SANDPAPER. REMOVE RESIDUE WITH MEK (OR EQUIVALENT). APPLY 0.03" TO 0.05" THICK LAYER OF 3M SCOTCH-WELD 2216 B/A ADHESIVE TO MATING SURFACE OF SUPPORT. ALLOW TO CURE FOR 24 HOURS.

D2893-1 SUPPORT

RELEASED
2011-07-28

C	RMV FINISH, ADD 3M 2216, ADD H925 MAT'L OPTION	CP	11.07.15
B	UPDATE DIMS AS MFG, PRIME INSIDE	PH	07.03.16
A	NEW ISSUE	CP	01.01.10
REV.	DESCRIPTION	BY	DATE
DESIGN			
DRAWN			
CHECKED			
MFG. APPR.			
APPROVED			
DE APPR.			
DATE	11.07.15		

DART AEROSPACE LTD
HAWKESBURY, ONTARIO, CANADA

DRAWING NO. D2893
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